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CONFIRMATION NO. 7210

<b>SERIAL NUMBER</b> 10/098,683	<b>FILING OR 371(c) DATE</b> 03/15/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> 101.0042-05000
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/563,705 05/02/2000 PAT 6,364,880 \* which is a CON of 09/126,585 07/31/1998 PAT 6,136,001

which is a CON of 08/926,334 09/05/1997 PAT 6,120,503

which is a CON of 08/589,787 01/22/1996 ABN

which is a CON of 08/219,626 03/28/1994 ABN

(\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/05/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

22882

## TITLE

SPINAL IMPLANT CONTAINING MULTIPLE BONE GROWTH PROMOTING MATERIALS

<b>FILING FEE RECEIVED</b> 1730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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